

HIV/AIDS AND THE THREAT TO SECURITY IN AFRICA

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Alex de Waal submitted evidence to the U.N. Secretary General's High-Level Panel on Threats, Challenges and Change with regard to the threat HIV/AIDS poses for the Security of Africa on half of Justice Africa and Inter Africa Group,

The UN Security Council has twice discussed HIV/AIDS as a global security threat in the last two years. But, I respectfully submit, it has not yet fully grasped the issue. A number of academics and think tanks have also addressed the subject, including the International Crisis Group. But the evidence and analysis at their disposal does not yet allow them to come to firm conclusions. However, I believe that the HIV/AIDS epidemic is a fundamental underlying threat to security on this continent.

Let me begin by quoting Prof. Richard Feachem, Executive Director of the Global Fund to fight AIDS, TB and Malaria, who has described the HIV/AIDS epidemic as the biggest event in the history of the human race for five hundred years. Moreover, he continues, even if we do everything right in terms of combating the epidemic -- and we are far away from doing so -- then we are still only at the beginning of the global pandemic. This disease will be with us for generations. Despite the optimism that pervades much public discussion, things will get much worse before they get better.

Currently, between eight and nine per cent of adults in sub-Saharan Africa are infected with HIV. For teenagers on the continent today, this translates into approximately a 20% chance of contracting HIV during their lifetimes. In southern Africa, the chance is about 50-60% or even higher, depending on the country. What this means is that in many countries, those on the threshold of adulthood today can expect just 15 or 20 years of adult life ahead of them. This is a very different prospect to young adults in countries with traditionally low life expectancies. In those countries, most of the deaths were concentrated among children, so that a teenager can expect to live to the Biblical threescore years and ten, or thereabouts.

I am not referring to the state of mind of an individual who learns that she or he is HIV positive. What I am discussing is what happens when it becomes the norm in a society, to die in one's thirties.

What does it mean for a society when its young adults no longer expect to live out what we have considered a normal lifespan? What does it mean for their decisions concerning their families, when they do not expect to live to see their grandchildren? What does it mean for their economic decision-making, if they have no reason to save for later life, and mortgage companies will not extend them loans to buy houses? What does it mean for the running of complex institutions, such as governments?

A modern institution relies heavily on the experience and networks of the key individuals that staff it. Consider a university administration, and then contrast it with a student union. In a university administration, we will typically find individuals with many years of experience, with careers built up over decades, and with an extensive range of personal contacts to match. The sophistication of their operation rests on these pillars. Across the road, we have a student union, where the officers serve for only a year. As a result, we have a very flat administrative system, and a management style based upon energetic mobilisation rather than administrative science and craft. Student unions can do many things, but they would find it difficult to administer a university.

What we are seeing, as people die at the height of their careers, and as career trajectories shorten, is institutions moving from the university administration style towards the student union style. Political parties become more like their youth wings. Armies become more like militias.

What does this mean for security? Let me portray the impact of HIV/AIDS on security as a set of three concentric circles. In the centre, we have the impact on armies as institutions. Soldiers, like other members of society, contract HIV. Soldiers have often been one of the leading risk groups in the epidemic. What we see is a decline in the capacity of armies. The South African National Defence Force has great difficulty in finding sufficient healthy troops to provide fully-operational brigades. More of the military's resources are devoted to their medical budget. An armed force that has a no-fly policy for air crew that test HIV positive, may find it becomes exorbitantly expensive to train replacements. As junior non-commissioned officers are promoted rapidly to fill the ranks of more experienced officers, who have fallen sick or died, the quality of the institution may suffer.

For many countries, national security rests ultimately on the professionalism and integrity of the armed forces. The kinds of strain imposed by HIV/AIDS are bad news indeed for these essential institutional qualities.

If we turn to the second concentric circle, we can identify similar institutional impacts on a range of related institutions and functions. For example we have peacekeeping forces, essential to so much of the security agenda. If they are riven with HIV, they may find it impossible to deploy. There are the police and other civilian support institutions, also suffering institutional degradation. There are the challenges of post-conflict reconstruction including the demobilisation of combatants, also made more challenging in the midst of an HIV/AIDS epidemic.

Our outermost circle is the impact of the epidemic on the functioning of society as a whole. This includes other institutions of government, such as health and education services. In Zambia, for example, the health service lost almost 25% of its professional staff last year. About one third of the loss was to AIDS, a third to the private sector and a third to overseas recruitment. If this continues, in a few years the country will have no public health service. Much the same is true, to differing degrees, for the education sector, for agricultural extension work, for the judiciary.

In the absence of near-universal provision of anti-retroviral therapy, and all the attendant health, nutrition and social support infrastructure that this entails, these levels of attrition will continue for the next decade if not longer. The WHO's 'three by five' initiative is extremely welcome -- in fact it is essential -- but it may not be enough to stave off the crisis of institutional paralysis that is encroaching on us.

We are aware of serious impacts of HIV/AIDS on food security, as witnessed by the food crisis in southern Africa in 2002-03. There are millions of children orphaned by AIDS. With women bearing a disproportionate burden of caring for the sick, bringing up children orphaned by AIDS, and holding together AIDS-impacted families and communities, but women are also the majority of those infected, the prospects of a crisis of basic social reproduction are frightening.

We are accustomed to seeing state collapse as a dramatic affair. In countries such as Somalia and Liberia, the state went out with a bang, amidst violence and chaos. In some southern African countries, states may follow a different path to collapse. They may go out with a whimper, as their capacity to provide the essential administrative services simply collapses.

Finally, let me say a few words on the security implications of responding to the HIV/AIDS epidemic at scale. The response that is being mounted is unprecedented, and still growing. The overall cost of providing prevention and treatment to Africa has been estimated at about \$7 billion per annum. This figure is perfectly achievable. But if achieved, it would represent perhaps 40% of the ODA to sub-Saharan Africa. It could represent an immense shift in international public priorities, which can be achieved only by withdrawing funds from other sectors, for example education. In order for AIDS programmes and policies to be effective, they must be robust and must be in place for ten or fifteen years or even longer. This is an extraordinary commitment for any government to make. If it is to be made effectively, it needs to be made democratically.

The roll-out of anti-retroviral therapy also puts governments and their aid partners in the position of deciding who lives and who dies. Equity in treatment provision will be a profound political issue in the coming years, and possibly a source of conflict. Again, a national consensus on this key issue will be necessary if it is not to tear a society apart.

The expansion of internationally-funded HIV/AIDS programmes also changes Africa's relationship to the rest of the world. We cannot realistically expect African nations to 'graduate' from donor funding for AIDS programmes in a few years, or even a decade. For the foreseeable future, there will be a new form of aid dependency centred on AIDS. It will have a particular symbolic significance because the very survival of tens of thousands of citizens will be dependent on the largesse of foreign governments, foundations and pharmaceutical companies.

How can we sustain democracy under these circumstances? It calls for, at the very minimum, an open and frank discussion of the new world that we are entering, in the

shadow of the HIV/AIDS pandemic. More than that, we can foresee a need for a new social contract, not only within Africa but between Africa and the developed world.

In conclusion, the HIV/AIDS epidemic is an event on an evolutionary timescale, and of a Darwinian magnitude, but one that we are compelled to deal with within our own historical and political frameworks, which are very poorly adapted to such a challenge. Tackling the epidemic itself is hard enough. Dealing with the profound ways in which it changes the structure of governance and security, will be even tougher. I believe that the HIV/AIDS pandemic meets all the criteria for being a major concern of the High Level Panel: it is a threat, it is a challenge, and it has set in train some of the most profound changes of our era.